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20350 7590 07/03/2006

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Nancy Pizzo	(Depositor's name)
<i>Nancy Pizzo</i>	
(Signature)	
29 September 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,119	06/19/2003	John K. Shimmick	18158-011610	6002

TITLE OF INVENTION: INTEGRATED SCANNING AND OCULAR TOMOGRAPHY SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	10/03/2006
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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LYONS, MICHAEL A	2877	356-503000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	3.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>Townsend&Townsend&Crew LLP</u>
		<u>John K. Shimmick</u>

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VISX, INCORPORATED

SANTA CLARA, CA (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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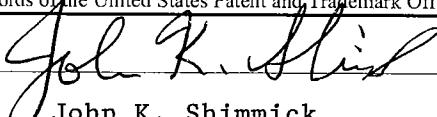
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Authorized Signature



Date

9/30/06

Typed or printed name

John K. Shimmick

Registration No. 44,335

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